

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	Cancel			101						
2				102						
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TOTAL IND.										
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TOTAL CLAIMS										

  

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TOTAL IND.	15					
TOTAL DEP.	9					
TOTAL CLAIMS	24					